

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4895ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/07/2009
NAME OF PROVIDER OR SUPPLIER ALTA SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 9480 DOUBLE DIAMOND PKWY, STE 102 RENO, NV 89521		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a Life Safety Code and State Health Licensure re-survey conducted in your facility on 7/6/09 and finalized on 7/7/09, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients.</p> <p>The facility was surveyed following the 2006 edition of the American Institute of Architects (AIA), Guideline for the Design and Construction of Health Care Facilities and the 2006 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	A 00	<p><u>A112</u> Every employee will have either annual TB testing or signs and symptoms screening ^{signs and symptoms screening} as required. Not doing TB testing has the potential to expose either the staff or patients to exposure. Testing will ensure staff are not infected. Testing will occur on a yearly basis. A spreadsheet has been implemented to track date & results of testing. Copies of results are to be kept in the personnel file & with Nursing Supervisor to ensure all copies are not lost. Administrator is responsible for ensuring personnel files are current. Nursing supervisor is responsible for intake testing. Corrected by Sept 30th 2009. Deficiency will be corrected by the end of the quarter.</p> <p>Employee #1 and #5 had TB testing in September. Both were negative. fm 16c 7/30/09</p> <p>Employee #2 had a sign and symptoms screening in September. Screening was negative. fm 16c 7/30/09</p>		
A112	<p>NAC 449.9855 PERSONNEL</p> <p>2. Each employee of the center must:</p> <p>(a) Have a skin test for tuberculosis in accordance with NAC 441A.375. A record of each test must be maintained at the center.</p>	VA112			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

YN3811

If continuation sheet 1 of 3

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A112	Continued From page 1 This Regulation is not met as evidenced by: Based on record review and interview, the facility did not have evidence of an annual tuberculosis skin test for 2 of 5 employees (Employees #1 and #5) and did not have evidence of a signs and symptoms questionnaire completed on 1 of 5 employees. (Employee #2) Severity: 2 Scope: 2	A112	<u>A11b</u> all licensing, certification or registration will be kept current. This has a potential to impact patient care if staff are not properly trained patient care could suffer. Current certification ensures staff are up to date with current techniques. A	
A116	NAC 449.9855 Personnel 3. A current and accurate personnel record for each employee of the center must be maintained at the center. The record must include, without limitation: (b) Evidence that the employee has obtained any license, certificate or registration, and possesses the experience and qualifications, required for the position held by the employee. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to have evidence of cardiopulmonary resuscitation certification on 1 of 5 registered nurse employees. (Employee #1). Severity: 2 Scope: 1	✓A116	Spreadsheet has been implemented to track certification & licensing due dates. Administrator is responsible for ensuring personnel files are current. Oct 1st 2009 Employee #1 will be scheduled to take a CPR class prior to September 1, 2009. fm/gc 7/30/09.	10/1/2009
A234	State and Local Laws NAC 449.9843 Compliance with standards of construction. 4. An ambulatory surgery center shall comply with all applicable: (a) Federal and state laws; (b) Local ordinances, including, without limitations, zoning ordinances; and (c) Life safety, environmental, health, building and	✓A234		

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A234	<p>Continued From page 2</p> <p>fire codes. If there is a difference between state and local requirements, the more stringent requirements apply.</p> <p>This STANDARD is not met as evidenced by: Your facility was surveyed using the National Fire Protection Associations (NFPA) 101 Life Safety Code 2006 Edition, Chapter 20 New Ambulatory Health Care Occupancies.</p> <p>20.7.1 Evacuation and Relocation Plan and Fire Drills</p> <p>20.7.1.6 Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions.</p> <p>Based on record review and interview, the facility failed to conduct fire drills as required for 3 of the last 4 quarters.</p> <p>The facility had documentation of a fire drill conducted on 10/15/08. There was no documentation of any other fire drills conducted. Interview with the Office Manager revealed the facility had not been conducting fire drills as required.</p> <p>Severity: 2 Scope: 3</p>	A234	<p><u>A234</u></p> <p>full fire drill, including alarm testing will be conducted quarterly. Not conducting drills may impact patients in facility if a fire occurred. The quarterly drill will ensure staff know where extinguishers and exit are, as well as what the protocol is on getting patients safely from the facility. The quarterly drill has been added to both Policy & procedure manual & the quick reference manual. The safety officer is respon for completing and documenting the full fire drill including other inservice training. Deficiency will be corrected by the end of the quarter.</p>	<p>9/30/09</p> <p>Acceptable 1/30/09</p>	

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